



CITY OF NASHUA
CITY CLERK'S OFFICE
229 MAIN STREET
NASHUA, NH 03061-2019
(603) 589-3010

**APPLICATION FOR LICENSING & REGULATING
PAWNBROKERS AND SECONDHAND DEALERS**

Please complete the following information and return the application with a check or money order for \$50.00 made payable to the City of Nashua.

1. Registered Name of Business: _____
2. Principal Address of Business: _____
3. Business Phone: _____
4. Describe Briefly the Nature of the Business: _____

5. Name, Home Address, Home Phone, Place & Date of Birth, Social Security Number and Driver's License State and Number of EACH owner.
 - A) _____
 - B) _____
 - C) _____
6. Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of EACH person who would at any time supervise the operation.
 - A) _____
 - B) _____
 - C) _____
7. Does Applicant Own or Lease Property? _____
8. If Leasing, Name & Address of Property Owner: _____

9. Has Applicant ever been denied any City License or had any license of any type revoked by the City of Nashua?
YES _____ NO _____

10. If the answer to item 9 is yes, please provide complete details: (Reason for denial or revocation of said license and date of same).

11. Has applicant ever been convicted of a felony in this or in any other state, which has not been annulled?

YES _____ NO _____

12. If the answer to item 11 is yes, please provide details including the state: _____

13. Does the applicant understand that such license, if granted, will be subject to the rules and regulations of the Nashua Revised Ordinances Chapter 12, Article III, Section 12.31 to 12.41?

YES _____ No _____

14. Does the applicant agree that the place of business shall be open at all times for inspection by any authorized city official, such as police, fire, member of the licensing committee, etc?

YES _____ NO _____

15. Is the place of business incorporated under New Hampshire Laws?

YES _____ NO _____

16. Name and mailing address of three (3) references.

> _____
> _____
> _____

I/We the undersigned, certify that all information provided in this application is true and complete to the best of my/our knowledge. I/We authorize the City of Nashua, or its agents to contact references listed for the purpose of validating this data and attesting to the moral and financial character of the business. We understand that any false statement will be considered sufficient grounds to refuse issuance of a license to operate a business described herein.

Date

Signature